

**COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

**ATTORNEY'S DOCKET NUMBER**  
57953/1221 (ZHA01-01)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD FOR INTRODUCING CONJUGATED CAPS ONTO MOLECULAR FRAGMENTS AND  
SYSTEMS AND METHODS FOR USING THE SAME TO DETERMINE INTER-MOLECULAR  
INTERACTION ENERGIES**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as U.S. Patent Application Serial No. 10/825,186 on April 16, 2004 and was amended on \_\_\_\_\_ (if applicable).
- ☐ was filed as PCT International Application Number \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

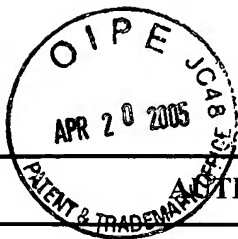
I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 35, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

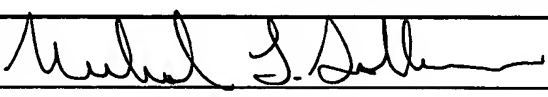
COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/463,753	17-APRIL-2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER  57953/1221 (ZHA01-01)	
<p>I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:</p>					
<p>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</p>					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Candice J. Clement, Registration No. 39,946; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Chai, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; John Campa, Registration No. 49,014; David J. Cutitta, Registration No. 52,790; Jeffrey N. Townes, Registration No. 47,412</p>					
<p>Send Correspondence to:</p>			<p>Michael L. Goldman NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603</p>		
			<p>Direct telephone calls to:  (585) 263-1304</p>		
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE 7/19/04		DATE 07/19/04		DATE	



Sample Form (09-04)

PATENT & TRADEMARK OFFICE  
AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Zhang et al.							
Application No. 10/825,186							
Filed: April 16, 2004							
Title: A METHOD FOR INTRODUCING CONJUGATED CAPS ONTO MOLECULAR FRAGMENTS AND SYSTEMS AND METHODS FOR USING THE SAME TO DETERMINE INTER-MOLECULAR INTERACTION ENERGIES							
Attorney Docket No. 57953/1221 (ZHA01-01)	Art Unit: 1631						
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>Marc S. Kaufman</td><td>35,212</td></tr><tr><td>Joseph A. Parisi</td><td>53,435</td></tr></tbody></table>		Name	Registration Number	Marc S. Kaufman	35,212	Joseph A. Parisi	53,435
Name	Registration Number						
Marc S. Kaufman	35,212						
Joseph A. Parisi	53,435						
<p><b>This is not a Power of Attorney to the above-named practitioner.</b> Accordingly, the practitioner named above does <b>not</b> have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>							
SIGNATURE of Practitioner of Record							
Signature 	Date April 15, 2005						
Name Michael L. Goldman	Registration No., if applicable 30,727						
Telephone 585-263-1304							

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.